

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND														
1 Date of Request: _____		2 Serial/Patent # <u>001526729</u>												
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT										
	Filing			\$										
	Amendment			\$										
	Extension of Time			\$										
	Notice of Appeal/Appeal			\$										
	Petition			\$										
	Issue			\$										
	Cert of Correction/Terminal Disc.			\$										
	Maintenance			\$										
	Assignment			\$										
	Other			\$										
		7 TOTAL AMOUNT OF REFUND		\$										
		8 TO BE REFUNDED BY:												
		Treasury Check												
		Credit Deposit A/C #:												
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
10 REASON:														
	Overpayment													
	Duplicate Payment													
	No Fee Due (Explanation):													
11 REFUND REQUESTED BY:														
TYPED/PRINTED NAME: _____		TITLE: _____												
SIGNATURE: _____		<small>Repln. Ref: 07/22/2005 PKIDWELL 0019011800</small> <small>DATE: 08/27/05</small> <small>NAME/Number: 10526729</small> <small>FC: 304</small> <small>\$500.00 CK</small>												
OFFICE: _____														
*****														
THIS SPACE RESERVED FOR FINANCE USE ONLY:														
APPROVED: _____		DATE: _____												

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*